24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Campaign HQ	M - M / D - D / Y - Y - Y
Mailing Address 109 West Front St	10 31 2018 Amount
City State Zip Code	8440.64
Brooklyn IN 52211	Transaction ID : SE.10231 Date of Disbursement or Obligation
Purpose of Expenditure GOTV Phone calls Category/ Type 004	M 10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
BRAUN, MIKE, , ,	President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought Dist 201:	bursement For: Primary X General 8 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Campaign HQ	M M / D D / Y Y Y Y
Mailing Address 109 West Front St	10 31 2018
To west Hour St	Amount
City State Zip Code	8440.64
Brooklyn IN 52211	Transaction ID : SE.10233
Purpose of Expenditure Category/	Date of Disbursement or Obligation
GOTV Phone calls Category Type 004	10 31 2018
Name of Federal Candidate Support Offi	ice Sought: House District:
DONNELLY, JOSEPH S, , ,	President Senate State: IN
100000.04	bursement For: Primary X General
Per Election for Office Sought 129226.24 201	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	16881.28
(b) SUBTOTAL of Unitemized Independent Expenditures	45 1 45 1 45 1
(c) TOTAL Independent Expenditures	16881.28
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Buchanan, Emily, , , [Electronically Filed] Date	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	